

Egremont Urban District Council.



ANNUAL REPORT

— ON THE —

Public Health

OF EGREMONT,

FOR THE YEAR 1903,

— BY —

GEORGE CALDERWOOD, M.D.,

MEDICAL OFFICER OF HEALTH.



Egremont.

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To the Egremont Urban District Council.



GENTLEMEN,—

I have much pleasure in presenting my Annual Report for the year 1903, dealing with the health and vital statistics of the district for that period. The year 1903 was an exceedingly wet one, and though we did not suffer to any great extent from epidemics of infectious diseases, the general health was considerably affected by it. The average temperature throughout the year has also been above the normal, and taken as a whole the weather has been characterised by great variability. 1903 may be described as wet, warm, and variable. These conditions are not conducive to good health, but produce much sickness and a higher death-rate. Stability in the weather is a great factor in favour of the health of the community. It does not make so much difference whether the temperature be high or low, provided it remains steadily the one way. Chills and colds the beginning of most illnesses are much more readily contracted in variable weather, and still more so if the weather be wet as well as variable, and such have been, for the most part, the conditions prevailing during the year 1903.

During the year 1902 an epidemic of scarlet fever prevailed in the district, especially at Bigrigg, and for the first 6 months of 1903 it continued to occur, dying out after that.

In all 35 cases appeared, one at Egremont, 9 at Moor Row, and 25 at Bigrigg. Fortunately the cases were of a mild type and no deaths took place.

In the month of May a case of small-pox occurred at Moor Row. This case was contracted at Cleator Moor into which district the disease had been imported. The patient was removed to the Isolation Hospital at Galemire, the inmates re-vaccinated, and the house thoroughly disinfected. These measures had the desired effect and no other case occurred. The importance of vaccination and re-vaccination as a measure of protection against the occurrence of small-pox cannot be too strongly insisted on. This is not a mere matter of opinion but a fact that has been established by statistics, and the evidence of these most capable of forming a judgement on this point. If vaccination in infancy, and re-vaccination at puberty were compulsory and conscientiously carried out, as I think it ought to be, we should hear very little of small-pox here, or anywhere else.

During the year 97 deaths occurred in the whole district, giving a general death-rate of 15.9 per 1000 per annum. The corresponding death-rate for last year was 14.82.

The births for the year numbered 178, 88 boys and 90 girls giving a birth-rate of 29.6 per 1000 per annum. The birth-rate for the previous year was 29.48.

Since the last census the population of Egremont has increased on account of work being more abundant in the neighbourhood. New Pits have been opened out, and the people have naturally drifted to where they are. This coupled with the natural increase in population has induced me to place the number of inhabitants at the present time at 6100. I feel sure it will be that at least if not more.

Under the age of 5 years 29 deaths occurred in the whole district, giving an infantile death rate of 4.83 per 1000 per annum. The corresponding death-rate for the previous

year was 3.62 The increase in the death-rate under this head is not due to infectious diseases, but simply to a general increase in the deaths due to the variable climatic conditions prevailing, and affecting the pulmonary organs of the very young.

A comparison of the deaths under the age of one year and those at 65 years and upwards give for the former 25 deaths or 4.16, and for the latter 24 deaths or 4.0 per 1000 per annum. For the last year the corresponding rates were infantile 1.37 and senile 4.48.

From these figures it will be seen that during 1903 a greater number of the very young have died. The first year of a child's life is its most critical year, and the first 5 years the most critical 5 years. After that its vitality and likelihood of living is greatly increased.

All this points to the importance of mothers knowing how to rear infants, and especially how to feed and clothe them. Many infantile disorders arise in children who, not receiving the food provided for them by nature, are fed on unsuitable and undigestible substitutes wholly unsuited to their tender age. The habit too of sending children to school at 3 years of age or between 3 and 4 years is accountable for a considerable amount of sickness. At that age their powers of resistance to ailments is small, and if they happen to get wet, which they often do, and sit in wet clothes, and perhaps a draught, the natural result is sickness. I consider children should not be sent to school till they are five years of age or at least approaching five. They would at that age be better able to take care of themselves, and better able to recover from any illness they might fall a prey to; and I am sure they would be much more amenable to discipline and abler to take advantage of whatever instruction was given. The present system of education endeavours to crowd too much learning during the tender years of life, and drops it entirely at an age when they are just beginning to know how to learn, when progress could be made by leaps

and bounds, and when they had attained an age at which further study would not make them suffer from a health point of view. If a system of secondary education was established by which every child would be compelled to attend school till the age of sixteen was reached, the injurious system of cramming in early life would not be necessary, and its evils consequently avoided, and the ultimate result a rising generation much more solidly and effectively educated, better fitted to succeed in the affairs of the world, and better fitted to carry their country to the front in the present struggle of the nations for supremacy.

During the year 1903, five deaths arose from diseases of an infectious character, giving a zymotic death-rate of .83 per 1000 per annum. For last year the corresponding rate was 1.03. Of the five deaths one was due to Diptheria, 3 to Diarrhœa, and one to Purpereal Fever. The Diptheria case occurred at Scalegill, and two of the Diarrhœa cases at Egremont, and one at Moor Row. The case of Puerperal Fever also occurred at Moor Row. The zymotic death-rate is not a high one and points to the fact that during the year we were comparatively free from infantile infectious disorders.

Under Table III. cases of "Infectious Diseases notified during the year" 44 such cases have been notified. Of these 35 were cases of Scarlatina, 6 of Erysipelas, 2 of Diptheria, and one of Small-pox. 25 of the Scarlatina cases occurred at Bigrigg, 9 at Moor Row and Scalegill, and one at Egremont. Four of the Erysipelas cases occurred at Egremont, and 2 at Bigrigg. The two cases of Diptheria and the Small-pox case occurred at Moor Row and Scalegill.



I now proceed to give the vital statistics of the various localities into which the district is divided.

EGREMONT.

63 of the 97 deaths occurred in the town of Egremont, giving to this place a death-rate of 15.75 per 1000 per annum. The corresponding death-rate for last year was 15.52. Of the 63 deaths 17 occurred in children under the age of 1 year, 2 between 1 and 5 years, 3 between 5 and 15 years, 5 between 15 and 25 years, 20 between 25 and 65 years, and 16 at 65 years and upwards.

In children under 5 years of age 19 deaths took place, giving an infantile death-rate of 4.75 per 1000 per annum. Last year the corresponding rate was 3.42. At 65 years, and upwards 16 deaths occurred, giving a senile death-rate of 4.0 per 1000 per annum. Last year the rate was 3.94.

MOOR ROW AND SCALEGILL.

At Moor Row and Scalegill 26 deaths occurred, giving to these places a death-rate 17.8 per 1000 per annum. The corresponding rate of last year was 12.14. Of the 26 deaths 5 occurred in children under the age of 1 year, 2 between 1 and 5 years, none between 5 and 15 years, none between 15 and 25 years, 10 between 25 and 65 years, and 9 at 65 years and upwards. In children under 5 years of age 7 deaths arose, giving an infantile death-rate of 4.7 per 1000 per annum. The corresponding rate for last year was 4.28. At 65 years and upwards 9 deaths took place, giving a senile death-rate of 6.24 per 1000 per annum. The corresponding rate for last year was 3.57.

It will be seen that the increase in the death-rate at Moor Row and Scalegill is chiefly caused by an increase in senile deaths.

BIGRIGG.

At Bigrigg 8 deaths took place giving to it a death-rate of 12.5 per 1000 per annum. Last year the corresponding death-rate was 16.66. Of the 8 deaths 3 occurred in children under 1 year, none between 1 and 5 years, none between 5 and 15 years, one between 15 and 25 years, 2 between 25 and 65 years, and 2 at 65 years and upwards.

Under the age of 5 years 3 deaths occurred, giving an infantile death-rate of 4.68 per 1000 per annum. The corresponding rate for last year was 3.3. At 65 years and upwards the 2 deaths give a senile death-rate of 3.12 per 1000 per annum. Last year the corresponding rate was 10.0. From these figures it will be seen that the lowering of the death-rate this year is entirely due to fewer senile deaths.

During the year I have with the Nuisance Inspector made a house to house inspection of the district, and found things, with the exception of the points enumerated below, in a satisfactory condition. The houses at Smithfield have still the original ash-pits and privies, and great complaints have been made about the smell arising from them. On our last inspection the process of emptying was going on and we were able to verify the fact that they had ample cause for complaint. Behind these houses a road runs, the road used almost entirely by the tenants. The privies are emptied there, and at such times the smell is very bad indeed and cannot avoid being injurious to health. The time has arrived when such places should be converted into water closets, and I recommend that this should be done. Fortunately the sewer at this place is now rectified, and no practicable difficulty stands in the way of effecting this improvement.

I have also to point out to the Council the defective condition of the sewer coming from East Road. This has been caused by the subsidence of the ground, by mining operations, near Wyndham Terrace. The defective condition of this part of the Sewer stands in the way of further Sanitary progress in that part of the district, and I recommend the Council to give this matter their early attention.

During the year I have presented to the Council 12 reports dealing with vital statistics and such matters as called for attention. Year by year it is found that our district is steadily improving from a sanitary point of view. This to a great extent is due to substituting Water Closets for Privies, and I hope that in the future we may be able to still further increase the number where it is practicable and desirable.

During the year the Inspector of Nuisances has presented 3 written reports regarding matters requiring attention which have been remedied. He has also issued upwards of 30 verbal notices (which have been attended to), and carried out all the disinfection necessitated by the presence of infection during the year.

FACTORY AND WORKSHOP ACT.

This Act which came into force on January 1st, 1902, imposes new powers and duties on District Councils and their Officers. By this act the Medical Officer is required to visit such places coming within the act, and ascertain that their condition as regards cleanliness, air space, ventilation, drainage, and sanitary conveniences are such as the act requires.

I have, with the Inspector of Nuisances visited all such places and have to report that the regulations passed to secure the proper working of the act have been duly carried out. Any suggestions we have made, and which we

considered necessary have been attended to. "A register of Workshops" is also being kept and the various places classified as to whether they are Faactories, Workshops, or Work-places. We have also, for guidance, had an abstract of the act posted up in every Workshop, giving to employers and workers the terms of the act, as well as the cubic feet of the place, and the maximum number of workmen to be employed.

I am,

Gentlemen,

Yours, &c.,

GEORGE CALDERWOOD,

Medical Officer of Health.

Table I.—Births.

178 or 29.6 per 1000 per annum.

Table II.—Deaths.

97 or 15.9 per 1000 per annum.

Table III.—Deaths under five years of age.

29 or 4.83 per 1000 per annum.

Table IV.—Showing the per centage of Infant and Senile Deaths.

Deaths under 1 year—25 or 4.16 per 1000 per annum.

Deaths at 65 years and Upwards—24 or 4.0 per 1000 per annum.

Table V.—Showing Deaths from the Ten Principle Zymotic Diseases.

5 or .83 per 1000 per annum.

Small-pox	...	...	...	...	...	...	...	0
Scarlatina	...	...	...	...	...	...	...	0
Diphtheria and Membranous Croup	...	...	...	...	...	...	...	1
Typhus Fever	...	...	...	...	...	...	...	0
Typhoid Fever	...	...	...	...	...	...	...	0
Whooping-cough	...	...	...	...	...	...	...	0
Measles	...	...	...	...	...	...	...	0
Diarrhœa and Dysentry	...	...	...	...	...	...	...	3
Erysipelas	...	...	...	...	...	...	...	0
Puerperal Fever	...	...	...	...	...	...	...	1
								5

Table VI.—Showing the Death-rate in the separate localities.

Egremont	...	...	63 or 15.75 per 1000 per annum.
Moor Row and Scalgill	...	26 or 17.8	„ „
Bigrigg	...	8 or 12.5	„ „

Table VII.—Showing the Zymotic Death-rate in the separate localities.

Egremont	...	...	2 or .5 per 1000 per annum.
Moor Row and Scalgill	...	3 or 2.5	„ „
Bigrigg	...	0 or nil	„ „

TABLE VIII.—Showing the Deaths, Births, and Zymotic rate since the year 1880.

	Deaths.		Births.		Zymotic.	
		per 1000 per annum.		per 1000 per annum.		per 1000 per annum.
1880	165 or 27.5		230 or 38.3		12 or 2.0	
1881	97 or 16.1	"	241 or 40.0	"	6 or 1.0	"
1882	99 or 16.5	"	269 or 44.83	"	7 or 1.16	"
1883		I have not been able to procure the returns for this year.				
1884*	97 or 16.1	per 1000 per annum.	231 or 38.5	per 1000 per annum.	11 or 1.8	per 1000 per annum.
1885	89 or 13.53	"	236 or 36.3	"	8 or 1.2	"
1886	89 or 13.69	"	229 or 35.2	"	8 or 1.2	"
1887	123 or 18.9	"	199 or 13.15	"	25 or 3.8	"
1888	79 or 12.15	"	234 or 36.0	"	8 or 1.23	"
1889	87 or 12.46	"	250 or 38.46	"	2 or 0.307	"
1890	85 or 12.78	"	210 or 31.57	"	8 or 1.20	"
1891	88 or 13.96	"	228 or 36.19	"	5 or 0.79	"
1892	103 or 16.34	"	200 or 31.74	"	13 or 2.06	"
1893	102 or 16.19	"	205 or 32.55	"	5 or 0.79	"
1894	68 or 10.79	"	208 or 33.01	"	5 or 0.95	"
1895	97 or 15.35	"	202 or 32.06	"	10 or 1.58	"
1896	100 or 15.87	"	204 or 32.38	"	8 or 1.26	"
1897	62 or 9.841	"	168 or 26.66	"	6 or 0.952	"
1898	98 or 15.55	"	174 or 27.61	"	9 or 1.42	"
1899	63 or 10.0	"	155 or 24.6	"	4 or 0.63	"
1900	107 or 16.98	"	165 or 26.19	"	15 or 2.38	"
1901	68 or 11.72	"	171 or 29.48	"	3 or 0.51	"
1902	86 or 14.82	"	179 or 30.86	"	6 or 1.03	"
1903	97 or 15.9	"	178 or 29.5	"	5 or 0.83	"

(*)—The first year of the Water Supply and Sewerage.

EGREMONT URBAN DISTRICT COUNCIL.

TABLE I.—Vital Statistics of whole District during 1903 and previous Years.

YEAR.	Population Estimated to Middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Total Deaths in Public Institutions in the District.	Deaths of Non- Residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institutions beyond the District.	Nett Deaths at all ages belonging to the District.	
		Number	Rate *	Under 1 year of age		At all Ages.					Number.	Rate*
				Number	Rate per 1000 Births register'd	Number	Rate *					
1	2	3	4	5	6	7	8	9	10	11	12	13
1893	6300	205	32.55	22	107	102	16.19					
1894	6300	208	35.01	21	100	68	10.79					
1895	6300	202	32.06	34	168	97	15.35					
1896	6300	204	32.38	41	260	100	15.87					
1897	6300	168	26.66	14	83.3	62	9.84					
1898	6300	174	27.61	22	126	98	15.58					
1899	6300	155	24.6	14	90.3	63	10.0					
1900	6300	165	26.19	24	145	107	16.98					
1901	5800	171	29.48	16	93.5	68	11.72					
1902	5800	179	29.5	8	44.6	86	14.82					
Averages for years 1893-1902		1836	30.6	216	117.5	851	14.1					
1903	6100	178	29.5	25	140.4	97	15.9					

* Rates in Columns 4, 8, and 13 calculated per 1000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by the subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public Institutions" to be taken into account for the purposes of these Tables are those in which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses and lunatic asylums. A list of the Institutions in respect of the deaths in which corrections have been made should be given on the Back of this Table.

Area of District in acres (exclusive of area covered by water).	Total Population at all ages			At Census of 1901.
	...	...	6100	
	Number of inhabited houses	...	1220	
Average number of persons per house			...	5

EGREMONT URBAN DISTRICT COUNCIL.

TABLE II.—Vital Statistics of separate Localities in 1903 and previous years.

NAMES OF LOCALITIES.	1.—Egremont.				2.—Moor Row & Scalegill				3.—Bigrigg.				4.....				5.....				6.....				7.....			
YEAR.	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year	Population esti- mated to middle of each year	Births registered	Deaths at all ages	Deaths under 1 year
	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d
1893 ...	4200		68	15	1460		27	5	640		7	2																
1894 ...	4200		42	10	1460		16	3	640		10	3																
1895 ...	4200		55	21	1460		26	6	640		16	7																
1896 ...	4200		54	22	1460		32	13	640		14	6																
1897 ...	4200		39	7	1460		18	6	640		5	1																
1898 ...	4200		69	17	1460		21	4	640		8	1																
1899 ...	4200		43	10	1460		14	3	640		6	1																
1900 ...	4200		69	15	1460		25	5	640		13	3																
1901 ...	3800		52	10	1460		11	4	640		5	2																
1902 ...	3800		59	5	1460		17	3	640		10	0																
Averages of years 1893 to 1902			55	13.6			20.7	5.7			9.4	2.6																
1903 ...	4000		63	17	1460		26	5	640		8	3																

NOTES.—(a) The separate localities adopted for this Table should be areas of which the populations are obtainable from the census returns, such as wards, parishes or groups of parishes, or registration sub-districts. Block 1 may, if desired, be used for the whole district: and blocks 2, 3, &c., for the several localities. In small districts without recognised divisions of known population this Table need not be filled up.

(b) Deaths of residents occurring in public institutions beyond the district are to be included in sub-columns c of this Table, and those of non-residents registered in public institutions in the district excluded. See note on Table I. as to meaning of terms "resident" and "non-resident."

(c) Deaths of residents occurring in public institutions, whether within or without the district, are to be allotted to the respective localities according to the addresses of the deceased.

(d) Care should be taken that the gross totals of the several columns in this Table respectively equal the corresponding totals for the whole districts in Tables I. and IV.: thus, the totals of sub-columns a, b, and c should agree with the figures for the year in the columns 2, 3, and 12, respectively, of Table I.: the gross total of the sub-columns c should agree with the total of column 2 in Table IV., and the gross total of sub-columns d with the figure in column 5 of Table I., and the total of column 3 in Table IV.

EGREMONT URBAN DISTRICT COUNCIL.

TABLE III.—Cases of Infectious Disease notified during the year 1903.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							TOTAL CASES NOTIFIED IN EACH LOCALITY.							NO. OF CASES REMOVED TO HOSPITAL FROM EACH LOCALITY.						
	At all ages	At Ages $\frac{1}{2}$ —Years.						Egremont	Moor Row and Sealegill	Biggill											
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and up'rds.														
Small-pox...						1			1												
Cholera ..					1		1		2												
Diphtheria ...							1														
Membranous croup																					
Erysipelas ..		1	11	1	1	3	1	4		2											
Scarlet fever ...				21	2			1	9	25											
Typhus fever ...																					
Enteric fever ...																					
Relapsing fever ...																					
Continued fever ...																					
Puerperal fever ..																					
Plague ...																					
*																					
Totals ..		1	11	22	4	4	2	5	12	27											

NOTES. — The Localities adopted for this Table should be the same as those in Tables II. and IV.

State in space below the name of the Isolation Hospital, if any, to which residents in the district, suffering from infectious disease, are usually sent. Mark (H) the locality in which it is situated, or if not within the district, state where it is situated, and in what district.

* This space may be used for record of other diseases the notification (compulsory or voluntary) of which is in force in the district.

$\frac{1}{2}$ These age columns for notifications should be filled up in all cases where the Medical Officer of Health, by inquiry or otherwise, has obtained the necessary information.

Isolation Hospital:—Galemire Hospital, near Moor Row.

EGREMONT URBAN DISTRICT COUNCIL.

TABLE IV.—Causes of, and Ages at, Death during year, 1903.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.							DEATHS IN OR BELONGING TO LOCALITIES (AT ALL AGES).							Total Deaths in Public Institu- tions in the District
	All ages.	Under 1 year.	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and up- wards	Egremont	Moor Row and Sealegill.	Bigg.					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Small-pox															
Measles															
Scarlet fever															
Whooping-cough															
Diphtheria and mem- branous croup	1						1		1						
Croup															
Fever { Thypus... ..															
Enteric															
Other continued															
Epidemic influenza	1						1	1							
Cholera															
Plague															
Diarrhoea (<i>See notes</i>)	3	2	1					2	1						
Enteritis (<i>See notes</i>)	1					1		1							
Puerperal fever (<i>See notes</i>)															
Erysipelas															
Other septic diseases															
Phthisis (<i>See notes</i>)	9					9		6	3						
Other tubercular diseases															
Cancer, malignant dis- ease (<i>See notes</i>)	4					2	2	2	2						
Bronchitis... ..	14	6	1	2	2	3		8	3	3					
Pneumonia	4	1			1	1	1	2		2					
Pleurisy															
Other diseases of Res- piratory organs															
Alchoism }	1					1		1							
Cirrhosis of Liver }															
Venereal diseases															
Premature birth	2	2							2						
Diseases and accidents	1					1			1						
Heart diseases	10				1	6	3	6	3	1					
Accidents	2					2		1	1						
Smicides															
All other causes	44	14	2	1	4	7	16	33	9	2					
All causes	97	25	4	3	8	33	24	63	26	8					

NOTES.—(a) In this Table all deaths of "Residents" occurring in public institutions, whether within or without the district, are to be included with the other deaths in the columns for the several age groups (columns 2-8). They are also, in columns 9-15, to be included among the deaths in their respective "Localities" according to the previous addresses of the deceased as given by the Registrars. Deaths of "Non-residents" occurring in public institutions in the district are in like manner to be excluded from columns 2-8 and 9-15 of this Table.

(b) See notes on Table I. as to the meaning of "Residents" and "Non-residents," and as to the "Public Institutions" to be taken into account for the purposes of these Tables. The "Localities" should be the same as those in Tables II. and III.

(c) All deaths occurring in public institutions situated within the district, whether of "Residents" or of "Non-residents," are, in addition to be dealt with as in note (a), to be entered in the last column of this Table. The total number in this column should equal the figures for the year in column 9, Table I.

(d) The total deaths in the several "Localities" in columns 9-15 of this Table should equal those for the year in the same localities in Table II., sub-columns c. The total deaths at all ages in column 2 of this Table should equal the gross total of columns 9-15, and the figures for the year in column 12 of Table I.

(e) Under the heading of "Diarrhoea" are to be included deaths certified as from diarrhoea, alone or in combination with some other cause of ill-defined nature; and also deaths as certified from

Epidemic enteritis;
Zymotic enteritis;
Epidemic diarrhoea. Summer diarrhoea;
Dysentery and dysenteric diarrhoea
Choleraic diarrhoea, cholera, cholera nostras, (in the absence of Asiatic cholera).

Under the heading of "Enteritis" are to be included those certified as from Gastro-enteritis, Mucro-enteritis, and Gastric catarrh, unless from information obtained by enquiry from the certifying practitioner or otherwise, The Medical Officer of Health should have reason for including such deaths, especially those of infants, under the specific term "Diarrhoea." Under the headings of "Cancer," Phthisis," and "Puerperal fever" should be included all registered deaths from causes comprised within these general terms.

Deaths from diarrhoea secondary to some other well-defined disease should be included under the latter.

In recording the facts under the various headings of Tables I., II., III. and IV., attention has been given to the notes on the Tables.

